

Mortgage Insurance Services APPLICATION FOR MORTGAGE INSURANCE

Please Complete ALL Sections of this Form

LENDER NAME LENDER ADDRESS City Zip	BORROWER NAME(s): PROPERTY ADDRESS:
UNDERWRITER NAME	
PHONE NUMBER ()	
FAX NUMBER ()	City Zip
	Sales Price \$ CC paid by seller \$
Other Down Payment Assistance: \$ Source:	
Check Applicable Loan Program	
□ CalHFA 97 max □ STRS 80/17 □ Lease Purchase (97/3) □ CalHFA 97 w/ CHAP 2 nd loan □ STRS 95/5 zero down □ Lease Purchase (100) □ PERS 97 max □ STRS conventional □ FHLMC 100 □ PERS 95/5 □ Home on time (FNMC only) □ FHLMC 100 w/ SSLP* □ PERS 97 w/ SSLP* □ Easy Down 97/3 (FNMC only) (LA county safety officers only) □ FNMA/FHLMC 97 max □ Easy Down 100 (FNMC only) □ FNMA/FHLMC 97 w/ SSLP* □ Cal Rural ACCESS – SoCal (97/5) □ Cal Rural ACCESS 2001 – High Cost non-conforming (97/6) □ Cal Rural ACCESS 2001 SUPERFLEX – Santa Clara Only (97/6) □ Other □ □	
* SSLP = Silent Second Loan Program	
SUBMIT ENTIRE UNDERWRITING FILE TO: Mortgage Insurance Services 1121 'L' STREET #204 • SACRAMENTO • CA • 95814 (916) 322-8936 • FAX (916) 322-8697 LEGAL STATEMENT Lender acknowledges that this application and documents submitted to the Mortgage Insurance Services Division relative to the loan identified above are submitted for the purpose of inducing the Mortgage Insurance Services Division to issue a commitment and a policy/certificate insuring this loan. Lender represents and/or warrants the correctness and completeness of all statements and information contained in such documents and agrees and acknowledges that if a commitment and policy/certificate is issued by the Mortgage Insurance Services Division for this loan, such commitment and policy/certificate will be issued in reliance upon such representations and warranties. Signature of lender's authorized representative:	
Signature Date Te	elephone Number
Print name (x Number